

09646140.051002

Attorney's Docket No.: 06275-218001  
 Client's Ref. No.: D 1920-1P US

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled INHALATION DEVICE, the specification of which:

- ☐ is attached hereto.  
☐ was filed on September 13, 2000 as Application Serial No. 09/646,140 and was amended on \_\_\_\_\_.  
☒ was described and claimed in PCT International Application No. PCT/SE/00416 filed on March 16, 1999.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

Country	Application No.	Filing Date	Priority Claimed
Sweden	9800987-2	17 March 1998	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Janis K. Fraser, Reg. No. 34,819  
 John W. Freeman, Reg. No., 29,066  
 Timothy A. French, Reg. No., 30,175  
 John F. Hayden, Reg. No., 37,640

William E. Booth, Reg. No., 28,933  
 J. Peter Fasse, Reg. No., 32,983  
 John J. Gagel, Reg. No., 33,499

Address all telephone calls to Janis K. Fraser, Esq. at telephone number (617) 542-5070.

Address all correspondence to Janis K. Fraser, Esq. at:

FISH & RICHARDSON P.C.  
 225 Franklin Street  
 Boston, Massachusetts 02110-2804

I hereby authorize the attorneys and/or agents names above to accept and follow instructions from my representative, as to any action to be taken in the Patent and Trademark Office regarding the above identified application without direct communication between the attorneys and me. In the event of a change in the person(s) from whom instructions may be taken, I will notify the attorneys.

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Attorney's Docket No.: 06275-218001  
Client's Ref. No.: D 1920-1P US

**Combined Declaration and Power of Attorney**

Page 2 of 2 Pages

Full Name of Inventor: Harald Heckenmüller

Inventor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence Address: Hamburg, Germany

Citizenship: Germany

Post Office Address: AstraZeneca Germany, Tinsdaler Weg 183, D-22880 Wedel, Germany

Full Name of Inventor: Ulrich Hetzer

Inventor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence Address: Rellingen, Germany

Citizenship: Germany

Post Office Address: AstraZeneca Germany, Tinsdaler Weg 183, D-22880 Wedel, Germany

Full Name of Inventor: Heike Kublik

Inventor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence Address: Hamburg, Germany

Citizenship: Germany

Post Office Address: AstraZeneca Germany, Tinsdaler Weg 183, D-22880 Wedel, Germany

Full Name of Inventor: Alfred von Shuckmann

Inventor's Signature: \_\_\_\_\_

Date: 10/04/02

Residence Address: Kevelaer, Germany

Citizenship: Germany

Post Office Address: Winnekendonker Strasse 52, D-47627 Kevelaer, Germany

Full Name of Inventor: Volker Tiedmann

Inventor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence Address: Itzehoe, Germany

Citizenship: Germany

Post Office Address: AstraZeneca Germany, Tinsdaler Weg 183, D-22880 Wedel, Germany

PATENT

ATTORNEY DOCKET NO: 06275/218001

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled INHALATION DEVICE, the specification of which

- ☐ is attached hereto.  
☐ was filed on as Application Serial No. and was amended on (if applicable).  
☒ was described and claimed in PCT International Application No. PCT/SE99/00416 filed on 16 March 1999 and was amended under PCT Article 19 on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

COUNTRY	APPLICATION NO.	FILING DATE	PRIORITY CLAIMED
<u>Sweden</u>	<u>9800987-2</u>	<u>17 March 1998</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Janis K. Fraser, Reg. No. 34,819; William E. Booth, Reg. No. 28,933; John W. Freeman, Reg. No. 29,066; J. Peter Fasse, Reg. No. 32,983; Timothy A. French, Reg. No. 30,175; Eldora L. Ellison, Reg. No. 39,967; John J. Gagel, Reg. No. 33,499; John F. Hayden, Reg. No. 37,640.

Address all telephone calls to Janis K. Fraser, Esq. at telephone number 617/542-5070.

Address all correspondence to Janis K. Fraser, Esq., Fish & Richardson P.C., 225 Franklin Street, Boston, MA 02110-2804.

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**COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED**

application without direct communication between the attorneys and me. In the event of a change in the person(s) from whom instructions may be taken, I will notify the attorneys.

## COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: Harald Heckenmüller  
Inventor's Signature: [Signature] Date: 29 September 2000  
Residence Address: Hamburg, Germany DEX  
Citizen of: Germany  
Post Office Address: AstraZeneca Germany, Tinsdaler Weg 183, D-22880 Wedel, Germany

Full Name of Inventor: Ulrich Hetzer  
Inventor's Signature: [Signature] Date: 29 September 2000  
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Full Name of Inventor: Heike Kublik  
Inventor's Signature: [Signature] Date: 29 September 2000  
Residence Address: Hamburg, Germany DEX  
Citizen of: Germany  
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## COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

Full Name of Inventor: Alfred von Schuckmann

Inventor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence Address: Kevelaer, Germany

DEX

Citizen of: GermanyPost Office Address: Winnekendonker Strasse 52, D-47627 Kevelaer, GermanyFull Name of Inventor: Volker TiedemannInventor's Signature: *Volker Tiedemann*Date: 29 September 2000Residence Address: Itzehoe, Germany

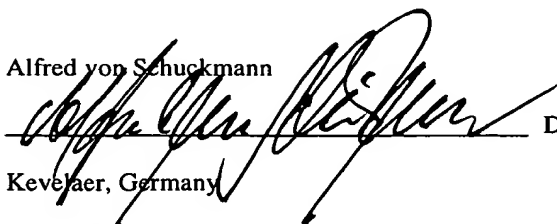
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Citizen of: GermanyPost Office Address: AstraZeneca Germany, Tinsdaler Weg 183, D-22880 Wedel, Germany

## COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

Full Name of Inventor: Alfred von Schuckmann

Inventor's Signature:



Date: 6 September 2000

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Citizen of:

Germany

Post Office Address:

Winnekendonker Strasse 52, D-47627 Kevelaer, Germany

Full Name of Inventor:

Volker Tiedemann

Inventor's Signature:

\_\_\_\_\_

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